



# FOCUS ON BENEFITS

2021 Plan Year



This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s)) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## What's new?

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Benefit elections you make or maintain during open enrollment will become effective January 1 of each year.

This brochure includes the benefits and enrollment material offered at Elmbrook School District for 2021. We encourage you to take the time to read through and explore your benefits. At Elmbrook School District, we value our employees and are committed to providing a comprehensive and competitive benefits package.

Certain benefits you elect require an employee contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other cases the deduction will be made after-tax to avoid certain tax consequences to you and the company. For taxability of benefit elections, please contact a member of the "Total Employee Rewards" Team.

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# FOCUS ON BENEFITS 2021

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## HEALTH PLAN SUMMARY

Effective January 1, 2021, we will continue to offer a health plan through UMR for all benefit-eligible employees.

**About the Health Plan:** Preventive care is covered at 100% and no deductible applies. For other services, this plan requires a deductible before eligible services are paid at 85% coinsurance (coins).

Features	Tier 1 Premium Designation	Tier 2 UHC Choice Plus Network	Tier 3 Out-of-Network
<b>Deductible</b> <i>per calendar year</i>	\$ 2,000/\$4,000	\$ 2,000/\$4,000	\$4,000/\$8,000
<b>Out-of-Pocket Max</b> <i>per calendar year</i>	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/\$10,000
<b>Coinsurance</b> <i>% paid after deductible is met up to OOP Max</i>	100%	85%	65%
<b>Office Visits-Primary Care</b> <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i>	Ded, 100% Coins	Ded, 85% Coins	Ded, 65% Coins
<b>Routine/ Preventive Services</b> <i>Physical Exam, Well child, Immunizations, Certain Prenatal Services, Screenings</i>	100%	100%	Ded, 65% Coins
<b>Emergency Room</b>	No Benefit see Tier 2	Ded, 85% Coins	In-Network Ded, 85% Coins
<b>Inpatient Hospital</b>	No Benefit see Tier 2	Ded, 85% Coins	Ded, 65% Coins
<b>Outpatient Hospital</b>	No Benefit see Tier 2	Ded, 85% Coins	Ded, 65% Coins
<b>Prescription Drugs</b> <i>Preventive and OTC Generic Preferred Brand Non-Preferred Brand Tier Retail 30 days (90 days-CVS, Target)</i>	0-% Ded, 90% coins Ded, 90% coins Ded, 85% coins	Ded, 85% coins	Ded, 85% Coins
<b>Mail Order Prescription Drugs</b> <i>Maintenance meds-mandatory mail CVS-Caremark Mail Order/Retail Pharmacy 90 days</i>	Ded,90% Coins	Ded, 85% Coins	Ded, 85% Coins
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited

The district will continue to pay a portion of your premiums. Premiums are shown per month effective January 1, 2021 and remain the same for the 2021 plan year:

Monthly Premium	Employee Premiums		Employer Premiums	
	Single	Family	Single	Family
Active Employees (40hrs/week)	\$47.30	\$113.98	\$645.22	\$1,554.68
Active Employees (30-39 hrs/week)	\$47.30	\$227.96	\$645.22	\$1,440.70

Please review your benefit plan summary document for more detailed coverage information.



UnitedHealthcare Company

Our plan uses the UMR's United Healthcare Choice Plus network for participating providers.

## BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

## SUMMARY OF BENEFITS COVERAGE

Refer to your Summary Plan Description and Summary of Benefit Coverage (SBC) and more located on your "Total Employees Rewards" site at [elmbrookschoools.org/rewards](http://elmbrookschoools.org/rewards) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

## QUESTIONS?

Call the phone number on the back of your ID card or visit [www.umar.com](http://www.umar.com).

Contact Optum Consumer Services at 1-877-470-1771 (24 hours a day) or, on the internet, at [mycdh.optum.com](http://mycdh.optum.com).

Contact an Alithias Care Navigator at [www.alithias.com](http://www.alithias.com) or call 1-855-843-8783 (Monday – Friday, 8am – 5pm Central).

# FOCUS ON BENEFITS 2021

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## ELMBROOK FAMILY WELLNESS CENTER CLINIC

**\$20 PER CARE/TREATMENT VISIT**

**\$0 PREVENTIVE EXAM, LABS, IMMUNIZATIONS**

**The Clinic provides comprehensive management of chronic conditions and general care for employees, spouses, dependent (age 2+) and retirees covered by Elmbrook Health Plan.**

The staff at the Elmbrook Schools Family Wellness Center is ready to help you stay healthy, lower risk factors and improve your quality of life.

Medications available with Wellness Center staff written prescription through on-site dispensary, retail pharmacy or CVS/Caremark mail order.

### **Acute Care – getting back to healthy**

Treating illnesses, minor injuries, and skin conditions.

Cold/flu  
Conjunctivitis  
Cuts  
Headache/migraine  
Ear Infections  
Fever  
Muscle and joint pains  
Nausea/vomiting  
Rashes  
Sinus infections  
Sore and strep throat  
AND MORE!

### **Preventive Care – staying healthy**

Administering vaccines, health education, and wellness services.

Pediatric Care  
Wellness Screenings  
Wellness Coaching  
Annual Physicals  
Well-Woman Physicals  
Vaccinations  
Weight Loss  
Smoking Cessation  
AND MORE!

### **Disease Management – maintaining your health**

Developing treatment plans and follow-up for chronic conditions.

Allergies  
Asthma  
EAP Referrals  
Diabetes  
Emphysema  
High blood pressure  
High cholesterol  
Thyroid conditions  
Weight management  
AND MORE!

## **CLINIC HOURS:**

**Monday:** 7:00 a.m.- 5:00 p.m.

**Tuesday:** 9:00 a.m.- 7:00 p.m.

**Wednesday:** 9:00 a.m.- 7:00 p.m.

**Friday:** 6:00 a.m. – 11:00 a.m.

## **SCHEDULE AN APPOINTMENT:**

**Direct Line** [Office Hours]: (262) 214-1101

**Scheduling:** (866) 959-9355

[www.elmbrookschoools.org/wellnesscenter](http://www.elmbrookschoools.org/wellnesscenter)

## **ADDRESS:**

**17000 W. North Avenue  
Suite 100E  
Brookfield, WI 53005**

## **MEET YOUR CENTER STAFF:**

**Kalmette (Kalee) Cambray**  
DNP, APNP, AGACNP-BC, FNP-C  
Doctorate in Nurse Practice

- Experienced in primary care, internal medicine, pediatrics, urgent care & emergency medicine
- Licensed in WI to diagnose, treat, prescribe & dispense medications



**Leslie Pierce, MPSPAS, PA-C**  
Physician's Assistant



- Experienced in family medicine and treating acute and chronic conditions
- Licensed to diagnose, treat, prescribe & dispense

**Catherine Schindler**  
Medical Office Assistant



**Karen Befi**  
Center Receptionist

# FOCUS ON BENEFITS 2021

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## Orthopaedic Hospital of Wisconsin (OHOW)

The Orthopaedic Hospital of Wisconsin (OHOW) is nationally recognized for their exceptional quality of care provided to patients. OHOW's staff are highly experienced and devoted exclusively to orthopaedic care. Elmbrook has partnered with OHOW to bring exceptional care at a reasonable cost. By going to OHOW for your Orthopedic needs you will save money and receive an incentive from the school district. Premium Designated providers who work through OHOW is provided The incentives are based on the OHOW procedure costs. See the links to the right on this page for more information on the incentive, providers and OHOW.

## Health Risk Assessment

In coordination with Healthstat and the Family Wellness Center, Elmbrook Schools incentivizes health plan-covered employees and spouses the opportunity for a Health Risk Assessment (HRA) to include a questionnaire, biometric screening and no cost follow-up support. Participation and completion of the annual HRA requirements provides monthly premium co-payment savings for the employee.

Health Risk Assessments are held in each District location during the fall of the year (generally each October). "Total Employee Rewards" staff eNews and website will provide the schedule with dates, times, locations, instructions and links. Participation in the fall HRA (questionnaire & biometric screening) and follow-up results visit based on annual requirement at the Elmbrook Schools Family Wellness Center is necessary for health plan covered employees and spouses in order to receive incentives for the following January 1 plan year. Completion of HRA requirements, \$60-employee, \$60-spouse or \$120-Family monthly reduction in premium co-payment is awarded.



Contact Orthopaedic Hospital of Wisconsin (OHOW) at 1-414-961-6800 or online at [ohow.com](http://ohow.com)

[OHOW Incentive Guidelines](#)

[OHOW Provider Listing – 2020](#)

[Skyward Incentive Claim Instructions](#)

2020 ORTHOPAEDIC PROVIDER PARTNER INCENTIVES

PROVIDER	DESCRIPTION	INCENTIVE AMOUNT
Smart Choice MRI Various Locations	Magnetic Resonance Imaging (MRI) w/ & w/o contrast	\$100
Orthopaedic Hospital of Wisconsin (OHOW)* 475 River Woods Pky Glendale, WI	OHOW hospital charges for all-inclusive procedures performed with Premium Designated providers	
	Plan Covered Costs: \$1000-\$4999	\$250
OHOW*	Plan Covered Costs: \$5000-\$9999	\$500
OHOW*	Plan Covered Costs: \$10,000+	\$1,000

\*See listing of Premium Designated providers current as of updated listed date to qualify for incentives. Confirm at umr.com before scheduling appointment.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## HEALTH SAVINGS ACCOUNT

- Contributions are tax deductible and interest earnings are tax-free.
- Your HSA contributions accumulate and roll over each year.
- **Elmbrook's Annual Contribution toward your HSA: \$1,000 single/ \$2,000 family)**
- Account funds remain until spent. There is no use it or lose it rule. You own your HSA account.
- Account funds should only be used for qualified medical, prescription, dental, vision out-of-pocket expenses.
- Non-qualified expenses are subject to a 20% penalty and charged as taxable income.
- Withdrawals are tax-free when used for eligible expenses.
- Maximum contributions are \$3,600/single or \$7,200/family for 2021 (employer and employee contributions combined).
- If you fund a new HSA with the max contributions, you will need to be enrolled in the HSA for the entire plan year, or penalties apply.
- Catch-up contributions may be made annually for those 55 and older, up to \$1,000.
- HSA accounts are not available to employees who are eligible for a spouse's medical flexible spending arrangement (FSA), unless the spouse's medical FSA is a limited purpose medical FSA (vision & dental only).
- Contributions cannot be made to the HSA of members who are entitled to (eligible and enrolled in) benefits under Medicare, or other disqualifying coverage, such as a spouse's non-qualified High Deductible Health Plan. Please notify HR if you enroll in Medicare or other disqualifying coverage to terminate HSA contributions and avoid adverse tax consequences. If you are eligible for (but not enrolled in) Medicare please contact HR before continuing any HSA contributions.
- Your HSA administrator is Optum Bank:
  - [mycdh.optum.com](http://mycdh.optum.com)
  - Contact Optum Bank-MyCDH at (877) 470-1771 or [healthaccountservicing@optum.com](mailto:healthaccountservicing@optum.com)

## TOP REASONS TO HAVE AN HSA

**Tax Saving & Earned Interest** — Contributions are tax-deductible and earn tax-free interest.

**Portability** — You own your account, so even if you change jobs, your HSA funds are yours to keep. (Employer paid account fees cease upon termination of health plan.)

**Affordable Health Coverage** — Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications, both deductible and coinsurance.

**Reduced Insurance Premiums** — The cost of coverage under a qualified HDHP is typically lower than the other plan.

**Long-Term Savings** — Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

**Retirement Bonus** — After age 65, funds may be withdrawn for any reason with no penalties. (If used for non-medical purposes, withdrawals however, are subject to tax.)

**Safety Net** — An HSA has no "use it or lose it" restrictions, so balances can be built up to use for major medical events.

**Coverage for the "Extras"** — HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

**Money That Works for You** — Balances over a certain amount may be invested. See your Optum HSA rules.

**Empowerment** — Take control of your health care decisions, including which providers you use, to ensure your health care dollars are spent wisely.

# FOCUS ON BENEFITS 2021

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## How do I activate and use my Optum HSA account?

Activate the bank account online at [www.MyCDH.optum.com](http://www.MyCDH.optum.com) using your name as it appears in the Skyward payroll system and Social Security number or employee ID number (that you can obtain from the Skyward Employee Portal, or staff in your Payroll, Benefits or HR Departments or your school front office). Once you have activated your online bank account with a username and password, you can check balances, set-up a personal bank account from which to transfer monies to and from covering claims and deposits not deducted from payroll. We suggest including an e-mail address in the profile to receive important tax-year notifications and assist with username or password recovery.

There is only one bank available for the HSA with the District. This is the best way to help everyone with the set-up and access to a bank account with immediate availability to deposit employer contributions.

## Are there any bank fees assessed to my Optum HSA Account?

No, there will be no bank fees assessed to your account while you are active in Elmbrook's HDHP medical plan. The District covers the administrative costs for insureds covered within the medical plan. Should you require a replacement debit card, you will need to request from Optum and inquire if there is a fee for the service.

## How do I use my debit card?

Once you have activated your Optum debit card, you may use it up to the amount available in your HSA account at a pharmacy, medical or dental provider to pay a bill once processed through the insurance carrier(s). Note that only card readers that accept HSA debit cards will allow the transaction. No PIN is required (be sure to select "credit" when swiping the debit card). You may also pay a bill by including the debit card number on a billing statement forwarding to the provider. Allow UMR and Delta Dental to process claims and apply any network discounts before paying. Keep all receipts with your income tax files should the IRS ever require proof of use for HRA funds.

## What are the employer contributions and when are they available?

The annual employer contribution for single coverage is \$1,000 and for family \$2,000. Contributions will be deposited within three banking days from the payroll dates based on the schedule below and is pro-rated for mid-year hires/change in enrollment.

Contribution Month	Single	Family
February - 1 <sup>st</sup> payroll	\$600	\$1,200
September – 2 <sup>nd</sup> payroll	\$400	\$ 800

Deposits may be only made into a HSA bank account while the employee is insured under a qualified High Deductible Health Plan (HDHP) such as Elmbrook's and not covered under Medicare. Money not spent within a plan year will remain in the bank account balance and may be used on qualified medical, dental and vision expenses in the future regardless of the current medical plan enrolled. Current law allows Medicare supplement premium payments to be paid with HSA account. HSA funds may be left to a beneficiary (as designed by the IRS) for use in covering their out-of-pocket medical, prescription, dental and vision expenses as well.

## How do I file an HSA Claim?

You are able to use your Optum Bank HSA debit card to pay on the spot at a provider or pharmacy or pay when a bill that you receive from a doctor's office or other health care facility. If you paid for a qualified expense out-of-pocket, you can login to [www.mycdh.optum.com](http://www.mycdh.optum.com) and request an ACH or check disbursement.

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## How do I use the HSA to pay for medical care?

It is rather simple. Here are the steps:

1. You and/or the company puts money into the HSA.
2. You or a dependent receives medical services.
3. A bill for medical services is submitted as a claim to UMR.
4. You receive an Explanation of Benefits for the service, which will reflect the amount due to the provider.
5. At this time you can choose to:
  - Use your HSA funds to pay the provider directly for the amount due
  - Pay the provider with personal funds and request reimbursement
  - Use your funds and save your HSA dollars for future medical expenses
6. Process repeats until deductible and out-of-pocket maximums are met, after which benefits are paid for the remaining plan year.

## How do I find information about medical costs and quality so I can make informed choices?

Call Member Services or log on to [www.umar.com](http://www.umar.com) to search for Premium Designation providers and clinics that offer the medical services you need at the best cost.

Alithias Care Navigator is also available to help you find high value provider options. Call Alithias at (855) 843-8783 or log on to [www.alithias.com](http://www.alithias.com), Monday – Friday 8am – 5pm Central.

## Can I withdraw money from an HSA for nonmedical expenses?

Yes, but if you withdraw funds for nonmedical expenses before you turn 65, you have to pay taxes on the money and a 20% penalty. If you take money out after you turn 65, you pay normal income taxes but no penalties.

## Can I have a Medical Flexible Savings Account (FSA) along with an HSA?

You can enroll in a Limited Purpose – FSA for **vision and dental expenses only** up to \$2,750. Examples of when you might want both HSA and FSA include a large upcoming dental expense beyond your district coverage and HSA account contributions, planning a laser vision eye surgery or if you want to deposit as much as possible in your HSA account and expect to have dental or vision expenses.

**Remember: The limited purpose FSA does NOT allow to access unclaimed dollars beyond December 31<sup>st</sup> in that plan year - NO mid-year changes are allowed unless you have a qualifying event defined by the IRS.**

## BE A SMART HEALTHCARE CONSUMER!



You have different care options to choose. Gaining a better understanding of your options now can help you save both time and money when you need to seek care. Options for treatment include:

### **Elmbrook Schools Family Wellness Center:**

Located at 17000 W. North Avenue, Suite 100E in Brookfield, our Wellness Clinic provides comprehensive management of chronic conditions and general care for employees, spouses, dependent (age 2+) and retirees covered by Elmbrook Health Plan. **Cost: \$**

**Convenience Care, Online Care:** Located inside of retail stores or online (Teladoc), visit these for common ailments like strep throat, pink eye, bladder infection, etc. **In-Network Cost: \$**

**Doctor's Office:** Staffed by doctor, PA and nurses, visit this for care of illnesses, injuries, preventive care, etc.

**Cost: \$\$**

**Urgent Care Clinic:** Staffed by doctor, PA and nurses, visit this for care of minor illnesses or injuries that require **immediate** attention.

**Cost: \$\$\$**

**Emergency Room:** Located inside of a hospital, visit this for serious illnesses, injuries or life-threatening issues, such as, chest pains, shortness of breath, burns, head injuries, etc.

**Cost: \$\$\$\$**

# FOCUS ON BENEFITS 2021

Elmbrook School District

## DENTAL PLAN SUMMARY

**About the Dental Plan:** This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using an in-network dentist will reduce your out-of-pocket costs.

Features	PPO Dentist	Premier Dentist
<b>Annual Maximum</b>	\$2,000	\$2,000
<b>Annual Deductible</b> <i>Does not apply to preventive and diagnostics</i>	None	None
<b>Diagnostic &amp; Preventive</b>	100%	100%
<b>Basic Restorative Care</b> <i>Amalgam &amp; Resin Fillings</i>	100%	100%
<b>Oral Surgery</b> <i>Simple Extractions</i>	100%	100%
<b>Endodontic Therapy</b> <i>Root Canal</i>	100%	100%
<b>Periodontics</b> <i>Gum disease</i>	100%	100%
<b>Major Restoratives</b> <i>Resins, Crowns</i>	80%	80%
<b>Prosthetics and Implants</b>	80%	80%
<b>Orthodontic</b>		
<b>Coverage Copayment</b>	50%	50%
<b>Individual Lifetime Maximum</b>	\$1,500	\$1,500
<b>Dependents eligible to age</b>	25	25
<b>Adult Ortho</b>	Yes	Yes

**Dental Plan Premiums:** We contribute to your premiums. These rates are shown monthly and effective January 1, 2021 and remain through the 2021 plan year:

Monthly Premium	Employee Premiums		Employer Premiums	
	Single	Family	Single	Family
Active Employees (40hrs/week)	\$6.80	\$16.88	\$47.20	\$117.08
Active Employees (30-39 hrs/week)	\$6.80	\$33.76	\$47.20	\$100.20

Please review your plan summary document for more detailed coverage information.



We offer the Delta Dental PPO dental plan. Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, there are no provider discounts and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

### INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

### AMPLIFON HEARING HEALTHCARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call 888-901-0132 or visit [www.amplifonusa.com/deltadentalWI](http://www.amplifonusa.com/deltadentalWI) for information.

### QUESTIONS?

Call customer service at 800-236-3712 or call the phone number on the back of your ID card or visit [www.deltadentalwi.com](http://www.deltadentalwi.com).

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## VISION PLAN SUMMARY

**About the Vision Plan:** This is a comprehensive plan for all vision services listed below. You may use any vision provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.



### Additional discounts

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

These discounts are not insured benefits and are for in-network providers only. For vision plans with qualified materials benefit only. Not applicable for exam only vision plans.

### Take a sneak peek before enrolling

- You're on the Insight Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on [eyemed.com](http://eyemed.com) or call 1.866.804.0982
- For LASIK providers, call 1.800.988.4221

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up - Standard	\$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
<b>FRAME</b>		
Any available frame at provider location	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Progressive - Standard	\$80 copay	Up to \$50
Progressive - Premium Tier 1	\$110 copay	Up to \$50
Progressive - Premium Tier 2	\$120 copay	Up to \$50
Progressive - Premium Tier 3	\$135 copay	Up to \$50
Progressive - Premium Tier 4	\$200 copay	Up to \$50
<b>LENS OPTIONS</b>		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$5
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Std - Dependent Children	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$91
Contacts - Disposable	\$0 copay; plus balance over \$130 allowance	Up to \$91
Contacts - Medically Necessary	\$0 copay; Paid-In-Full	Up to \$210
<b>OTHER</b>		
Hearing Care from Amplifon NetworkCare	Discounts on hearing exam and aids; call 1.844.526.5432	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCIES</b> (Plan allows member to receive either contacts and frame, or frames and lens services)		
Exam	Once every plan year	
Frame	Once every other plan year	
Lenses	Once every plan year	
Contacts	Once every plan year	

We offer the EyeMed vision plan. Always use an "Insight" in-network provider to obtain the highest level of benefits.

When accessing care out of network, there is a maximum reimbursement that is available.

### INFORMATION ON THE GO!

Access your vision account information from your smartphone or mobile device with EyeMed app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist

### QUESTIONS?

Call customer service at **866-804-0982** or call the phone number on the back of your ID card or visit [www.eyemed.com](http://www.eyemed.com).

**Vision Plan Premiums:** Voluntary plans offer monthly premiums, deducted from pay on a semi-monthly basis, effective January 1, 2021 and remain through the 2021 plan year:

Monthly Premium	Employee Premiums			
	Single	EE + Sp	EE + Ch	Family
Active Employees (40hrs/week)	\$4.31	\$8.19	\$8.62	\$12.67
Active Employees (30-39 hrs/week)	\$4.31	\$8.19	\$8.62	\$12.67

Please review your plan summary document for more detailed coverage information.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## FLEXIBLE SPENDING ACCOUNTS

### What is a flexible spending account (FSA)?

Flexible Spending Accounts allow you to set aside money to pay for eligible expenses with tax-free dollars.

The spending accounts offer significant tax advantages because you don't pay Social Security, Federal or State taxes on the portion of your income that you contribute to your spending account.

Because you don't pay taxes on the money you contribute to your account, you gain an easy way to save money while paying for expenses you expect to incur. You will have access to your entire election amount once the plan year begins even though the money will be deducted from your paycheck over the course of the year.

### What are eligible healthcare FSA expenses?

- Deductibles, coinsurance, and copays
- Prescription drug copays
- Over-the-counter medicines, if prescribed by a doctor
- Medical care items that are not prescription drugs, such as equipment (crutches), supplies (bandages and contact lens solution), and diagnostic devices (blood sugar testing kits)
- Dental expenses, including orthodontia
- Vision expenses, including eye exams, glasses, and contact lenses
- Hearing expenses, including hearing aids and exams
- Mental health expenses (does not include marriage counseling)
- Orthopedic expenses
- Weight loss programs (if medically necessary)
- Medical expenses for certain procedures not covered by your plan, such as laser vision correction

*IRS Publication 502, Medical and Dental Expenses, contains a list of Section 213(d) eligible healthcare FSA expenses. Go to [www.irs.gov](http://www.irs.gov) for a complete copy of the list.*

### How much can I contribute to a Health Care FSA?

The limit for Health Care FSA is **\$2,750** per plan year for participating employees for the **2021 plan year**, January 1 through December 31, 2021.

### Can I have a Medical Flexible Savings Account (FSA) along with an HSA?

You can enroll in a Limited Purpose – FSA for **vision and dental expenses only** up to \$2,750. Examples of when you might want both HSA and FSA include a large upcoming dental expense beyond your district coverage and HSA account contributions, planning a laser vision eye surgery or if you want to deposit as much as possible in your HSA account and expect to have dental or vision expenses.

**Remember: Claims for the plan year are due no later than 90 days of plan ending, December 31<sup>st</sup>.**

**The FSA does NOT allow to access unclaimed dollars beyond December 31<sup>st</sup> in future plan year(s).**

**NO mid-year changes are allowed unless you have a qualifying event defined by the IRS.**

# FOCUS ON BENEFITS 2021

Elmbrook School District

## DEPENDENT CARE FSA

### What is a Dependent Care FSA?

Use this account to cover the cost of dependent care while you work. You may use this for expenses for the care of a child under age 13 or a disabled spouse, child or parent. If you are married, your spouse must be employed or attending classes full time for you to use the Dependent Care Spending Account. You may contribute up to \$5,000 per year per household to this account or \$2,500 per year if you are married and file your taxes separately.

### What expenses qualify under a Dependent Care FSA?

- Child or adult care center that complies with State and Local regulations (not including nursing homes)
- Sitter inside or outside the home
- Day care during school vacation, provided it is not primarily for educational purposes
- Nursery school, even if the school provides educational services
- Relative who cares for eligible dependents, as long as that relative is not your dependent and is age 19 or older

*IRS Publication 503, Child and Dependent Care Expenses, contains a list of expenses eligible for reimbursement under the FSA — Dependent Care. Go to [www.irs.gov](http://www.irs.gov) for a complete copy of the list.*

### How do I file a claim?

You are able to use your Optum Bank FSA debit card to pay on the spot at a provider or pharmacy or pay when a bill that you receive from a doctor's office or other health care facility. If you paid for a qualified expense out-of-pocket, you can login to [www.mycdh.optum.com](http://www.mycdh.optum.com) and request an ACH or check disbursement.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## HEALTH REIMBURSEMENT ARRANGEMENT

### What is a health reimbursement arrangement (HRA)?

HRA's are Consumer Driven Health Plans with employer-funded medical deductible reimbursement arrangements. The employer sets aside a specified amount of pre-tax dollars for employees to pay medical expenses on an annual basis.

### Who is offered an HRA as a part of their Health Plan?

Insureds, who themselves (does not include a spouse or dependent) are covered under Medicare or other governmental insurance coverage may not have contributions to a Health Savings Account per IRS rules. With this, insureds are required to notify the employer of their Medical/governmental insurance enrollment and those qualified for and electing District health insurance benefits are offered an HRA as a part of Elmbrook Schools health plan.

Members who had the Health Plan with an HRA, eliminated in 2018, were moved to the plan with a Health Savings Account. Any HRA balance remains available while covered under a District health plan. Under IRS rules, in 2021, once you satisfy \$1,400 of your \$2,000-Single or \$2,800 of your \$4,000-Family deductible, you may make claim for medical and prescription expenses from your HRA. Dental and vision expenses may be claimed without being subject to a portion of your deductible.

### How much is funded annually?

Elmbrook funds \$1,000-Single and \$2,000-Family annually for insureds covered with an HRA.

### How and when do I receive reimbursements from the HRA?

HRA claims for reimbursement may be completed online, faxed or mailed to Diversified Benefit Services along with copies of all Explanation of Benefit (EOB) statements from UMR/Dental insurer or paid receipts (vision care) showing the amount claimed.

Claims with dates of service through December 31<sup>st</sup> of the plan year must be submitted within 90 days of the following year (March 31<sup>st</sup> or March 30<sup>th</sup> in leap years).

Note: HRA claims, submitted through March for the current year, will not be processed until after the prior year claims are completed and paid. The first reimbursement for the current year begins each April.

(continued on next page)

# FOCUS ON BENEFITS 2021

Elmbrook School District

## HEALTH REIMBURSEMENT ARRANGEMENT (con't)

### **Will funds that I haven't used in one-year rollover to the next year?**

If all the annual funding for reimbursement in a plan year is not used, monies will be carried forward for use on claims with service dates in the following year.

If your health plan was eliminated in 2018 and you were moved to the High Deductible Health Plan and qualify for a Health Savings Account (HSA), monies in the HRA remain available while the member is covered under a District health plan. Under IRS rules, in 2021, once you satisfy \$1,400 of your \$2,000-Single or \$2,800 of your \$4,000-Family deductible, you may make claim for medical and prescription expenses from your HRA. Dental and vision expenses may be claimed without being subject to a portion of your deductible.

### **May I have a Medical Flex Spending Account in addition to the HRA Contribution and any HRA Rollover monies (balance carried forward from previous year)?**

Yes, you may also have a Medical FSA with the HRA plan. Medical FSAs have annual maximums of \$2,750 and may be used for Medical, Dental, Prescription and Vision out-of-pocket expenses. Remember a Flex Spending Account does not allow you access to unclaimed monies for expenses beyond December 31 in that plan year—the use it or lose it rule. Claims with dates of service within the plan year, January through December, must be submitted within 90 days of the end of the year—by March 31<sup>st</sup>, March 30<sup>th</sup> in leap years. Open enrollment for the FSA is in fall for the following calendar plan year. No mid-year changes are allowed unless for a Family Status Change as defined by IRS guidelines. Newly hired employees have 30 days to enroll in FSAs.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## ANCILLARY PLANS

All benefit-eligible employees are eligible for life insurance, accidental death & dismemberment (AD&D), voluntary life and AD&D through Reliance Standard and voluntary short-term disability (STD) and long-term disability (LTD) plans provided by National Insurance Services.

### LIFE AND AD&D

Benefit eligible employees are covered based on your annualized earnings rounded to the next \$1,000, subject to a maximum of \$100,000 for the basic life plan. You are also covered at the same amount for the AD&D plan. The original amount of the Life and AD&D benefits will reduce as you age and terminate upon your retirement or termination of employment. Now is a great time to review or update your beneficiary. Reference your Employee Handbook for benefit eligibility. The District pays 100% of the premium for you.

### VOLUNTARY LIFE AND AD&D

Benefit eligible employees are able to enroll in voluntary life and AD&D for themselves and their dependents. Elections are in \$5,000 increments between \$5,000 and \$370,000 not to exceed five times salary. Spouse elections are in \$5,000 increments between \$5,000 and \$100,000, not to exceed 50% of the employee election, with a guarantee issue limit of \$20,000. Any amount over the guarantee issue requires answering medical questions, known as Evidence of Insurability. Elections for all qualified children within a family are in \$2,500 increments between \$2,500 and \$10,000 and available from 14 days until age 19 or if a full time student to age 25. Notify the HR Department as children should be removed from your plan. The voluntary Life coverage includes the same amount for the Voluntary Accidental Death & Dismemberment plan. Coverage will terminate at the end of the month in which an employee terminates employment.

Now is a great time to review or update your beneficiary. Reference your Employee Handbook for benefit eligibility. You pay 100% of the cost of the premium.

Rates are available at the link on the Resource Page.



**Questions on Eligibility  
and Coverage?**

Contact Your Human  
Resources Department



## Reliance Standard Life

Customer Service:  
<https://customercare.rsli.com/>

Customer Care Center  
**800-351-7500**  
(9 a.m. - 8 p.m CST weekdays)

# FOCUS ON BENEFITS 2021

Elmbrook School District

## LONG-TERM DISABILITY

Elmbrook Schools provides benefit eligible employee with Long-Term Disability coverage. Benefit eligible may receive 70% of earnings up to a maximum monthly benefit of \$9,333 in the event of a qualifying disability claim. Benefits may begin after a 60-day elimination or waiting period. LTD benefits are taxable to the member upon receiving the claim payment. Reference your Employee Handbook for benefit eligibility. The District pays 100% of the premium for you.

## VOLUNTARY SHORT TERM DISABILITY INSURANCE

You may purchase supplement coverage of up to 66% of your annual salary in the event of a qualifying disability claim. Benefits for a covered illness or injury continue for 60 days, the date you are no longer disabled or until you are eligible to receive benefits under your LTD policy, whichever comes first. Benefits start on the 1<sup>st</sup> day for a covered disability resulting from an accident and 4<sup>th</sup> day for disability resulting from an illness. Short term disability is offered through Madison National Insurance Company. You pay 100% of the cost of the premium.

## VOLUNTARY STDI INSURANCE RATES

Weekly Benefit	Rate per Month	Weekly Benefit	Rate per Month	Weekly Benefit	Rate per Month
<input type="checkbox"/> \$147.00	\$9.70	<input type="checkbox"/> \$420.00*	\$26.96	<input type="checkbox"/> \$882.00*	\$56.51
<input type="checkbox"/> \$175.00	\$11.32	<input type="checkbox"/> \$462.00*	\$29.64	<input type="checkbox"/> \$1,014.00*	\$64.99
<input type="checkbox"/> \$224.00	\$14.52	<input type="checkbox"/> \$504.00*	\$32.34	<input type="checkbox"/> \$1,166.00*	\$74.74
<input type="checkbox"/> \$273.00	\$17.78	<input type="checkbox"/> \$580.00*	\$37.17	<input type="checkbox"/> \$1,341.00*	\$85.95
<input type="checkbox"/> \$301.00	\$19.40	<input type="checkbox"/> \$667.00*	\$42.72	<input type="checkbox"/> \$1,500.00*	\$98.84
<input type="checkbox"/> \$357.00*	\$23.18	<input type="checkbox"/> \$767.00*	\$49.14	<input type="checkbox"/> I wish to decline this coverage.	

\*To be eligible for these benefit levels, you must provide proof of insurability by answering a health questionnaire and meeting medical requirements.

Complete STDI Application form and return to the HR Payroll Department.

## Questions?

- Eligibility/Coverage
- STDI Application

**Contact Your Human Resources Department**

## VOLUNTARY SHORT TERM DISABILITY BENEFIT LEVELS

If your annual salary is between:	Your choice of the corresponding benefit level or less
\$11,465 - \$13,648	\$147.00
\$13,649 - \$17,470	\$175.00
\$17,471 - \$21,291	\$224.00
\$21,292 - \$23,475	\$273.00
\$23,476 - \$27,843	\$301.00
\$27,844 - \$32,757	\$357.00*
\$32,758 - \$36,033	\$420.00*
\$36,034 - \$39,309	\$462.00*
\$39,310 - \$45,236	\$504.00*
\$45,237 - \$52,022	\$580.00*
\$52,023 - \$59,822	\$667.00*
\$59,823 - \$68,791	\$767.00*
\$68,792 - \$79,087	\$882.00*
\$79,088 - \$90,942	\$1,014.00*
\$90,943 - \$104,591	\$1,166.00*
\$104,592 - \$116,993	\$1,341.00*
\$116,994 +	\$1,500.00*

### Examples:

- Annual salary of \$22,000 can apply for a benefit amount of \$273 or less.
- Annual salary of \$30,000 can apply for a benefit amount of \$357 or less.
- Annual salary of \$40,000 can apply for a benefit amount of \$504 or less.

### Madison National Disability

Customer Service:  
National Insurance Services  
Lance A. Pfarrer, GBDS  
Account Representative  
[lpfar@nisbenefits.com](mailto:lpfar@nisbenefits.com)

p: 262.780.1224  
f: 262.814.122

# FOCUS ON BENEFITS 2021

Elmbrook School District

## NEXT STEPS

### HEALTH PLAN

If you would like to enroll, switch your health plan or change your family status, you may do so during the annual Open Enrollment period or within 30 days of a major family status change event (birth, death, marriage, divorce, change in job status).

If you are already enrolled in the health plan, you will be automatically re-enrolled at your current coverage status. No forms are needed.

Re-enrollment is required each January for the new plan year for Dependent Care, Limited Purpose or Medical Flex Spending Accounts or to elect HSA contributions.

### DENTAL PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that. If you are currently enrolled and do not have any changes, you will be automatically re-enrolled at your current coverage status. No forms are needed.

### VISION PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that. If you are currently enrolled and do not have any changes, you will be automatically re-enrolled at your current coverage status. No forms are needed.

### LIFE, AD&D, STD & LTD PLANS

All benefit-eligible employees are enrolled in this plan. Now is a good time to review your beneficiary designation for your life and AD&D policies.

### VOLUNTARY LIFE, AD&D

To enroll in this plan, forms must be filled out and returned. Evidence of insurability is required if you are requesting amount above the Guarantee Issue.

### QUESTIONS? NEED FORMS?

Contact a member of your HR "Total Employee Rewards" Team

## CARRIER QUICK LINKS



#### Health plan:

##### UMR-

Call customer service at 800-236-3712 or call the phone number on the back of your ID card or visit [www.umar.com](http://www.umar.com).

#### Dental Plan:

##### Delta Dental-

Call customer service at 800-236-3712 or call the phone number on the back of your ID card or visit [www.deltadentalwi.com](http://www.deltadentalwi.com).

#### Vision Plan:

##### EyeMed-

Call customer service at 866-800-5457 or call the phone number on the back of your ID card or visit [www.eyemed.com](http://www.eyemed.com).

#### HSA and FSA:

##### Optum-

Call customer service at 877-470-1771 or call the phone number on the back of your ID card or visit [www.mycdh.optum.com](http://www.mycdh.optum.com).

# FOCUS ON BENEFITS 2021

Elmbrook School District

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

### What is an EAP?

An Employee Assistance Program (EAP) is a confidential program that is available to you at no cost. It is here to assist you with important matters that will help you maintain balance outside of the workplace. This program is administered by LifeMatters®.

### What services does LifeMatters® provide?

#### Work/Life Services

- Assistance Searching for the following resources
- Childcare
- Eldercare
- Education
- Adoption

#### Financial Services

- Financial consultation with certified credit counselors
- Debt consolidation
- Credit report reviews
- Financial planning and budgeting

#### Legal Services

- Free initial consultation for:
- Divorce/custody
- Domestic disputes
- Real estate
- Personal injury
- Estate planning
- Adoption
- Will Kits for Simple Wills
- Six-page document review

#### Identity Theft Services

#### Website Features:

- Topical libraries
- Financial calculator
- Interactive online learning
- Online health assessment

And more!



#### 24/7: Telephone, Online & Mobile Counseling:

- Relationships
- Stress Management
  - Legal
- Mental Health & Addictions
  - Elder Care
  - Financial
  - Child Care

Visit LifeMatters at [mylifematters.com](https://mylifematters.com) (password Elm1) 24 hours per day, 7 days per week, 365 days per year.

1.800.634.6433



What if shopping for healthcare was simple as talking to your friends over nice cup of coffee?

**Talk to the Alithias Care Navigation Team!**

*A Care Navigator is like a personal shopper for your employees*

Care Navigators will:

- Help you find high value provider options
- Explain your benefit plan and how to use it wisely
- Explain medical bills and facilitate scheduling
- Save you time by providing one-call guidance for other benefit information, such as medical, dental, pharmacy and other services.
- Ensure you receive eligible incentives.

**1-855-843-8783**

Monday-Friday  
8AM-5PM CST

**alithias**  
— Truth In Healthcare —

## 01 **The price of the same procedure can vary by >400%**

- **MRI:** \$600 or \$2600? **Knee ACL Repair:** \$9,500 or \$29,500?
- **ALL LOCATIONS AT THE SAME QUALITY!**

## 02 **35% of healthcare procedures are “shoppable”**

- MRIs, CT scans, Orthopedic, Gastrointestinal, and ENT are the most commonly shopped procedures

## 03 **Receive \$\$\$ by using high value providers!**

- **Cash incentives are available for MRIs and Orthopedic procedures!**
- Just call a Care Navigator whenever you are told you need a procedure
- Confused? Questions? Call us at (855) 843 - 8783

### You Save!!!!

- **Save an average of \$1,000 per procedure!**
- **Save hours resolving billing issues!**

**HIPPA Compliant,  
Technologically Secure  
Platform**



### **Employees:**

- Call a Care Navigator at **(855) 843 – 8783**
- Monday – Friday;  
8:00 – 5:00 (Central)
- Find in-network providers
- Ask questions about your medical bills
- Resolve billing issues



## 24/7 doctor visits via phone or mobile app

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care



### Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



- Behavioral Health Providers of your choice available for ongoing appointments.

## LEVELS OF CARE

Selecting the right care at the right time provides members with the right cost and outcome. Here's a guide to choosing the right level of care.

## CHOOSE THE RIGHT LEVEL OF CARE

COST

Available 365/7/24 1-877-950-5083 – umr.com Health Center	No Cost	UMR Nurseline Registered Nurses Available via Phone and Chat	
In-Person/Virtual extended hours Elmbrook Family Wellness Center Hours: Monday: 7:00 a.m. - 5:00 p.m. Tuesday & Wednesday: 9:00 a.m. - 7:00 p.m. Friday: 6:00 a.m. - 11:00a.m. Scheduling 1-866-959-9355 – Direct Line 262-214-1101	\$20 Visit Fee	Elmbrook Schools Family Wellness Center Comprehensive management of chronic conditions & general care	\$
Available extended hours & weekends 1-800-Teladoc or teladoc.com	Teladoc \$45 Fee	TelaDoc or Walk-In Care Clinic Colds, flu, quick service	\$\$
Available extended hours & weekends in some cases		Primary Care Provider – PD* Providers  Comprehensive management of chronic conditions & general care	\$\$\$
Available extended hours & weekends in some cases		Primary Care Provider – Non PD Providers Comprehensive management of chronic conditions & general care	\$\$\$\$
Available extended hours & weekends		Urgent Care Clinic Sprains, strains, sutures	\$\$\$\$\$
Available extended hours & weekends		Emergency Room Complex - chest pain, trauma	\$\$\$\$\$\$

\*Premium Designated Providers – Rated for quality performance and outcomes. Find at UMR.com-United Healthcare Choice Plus Network

# You deserve an explanation

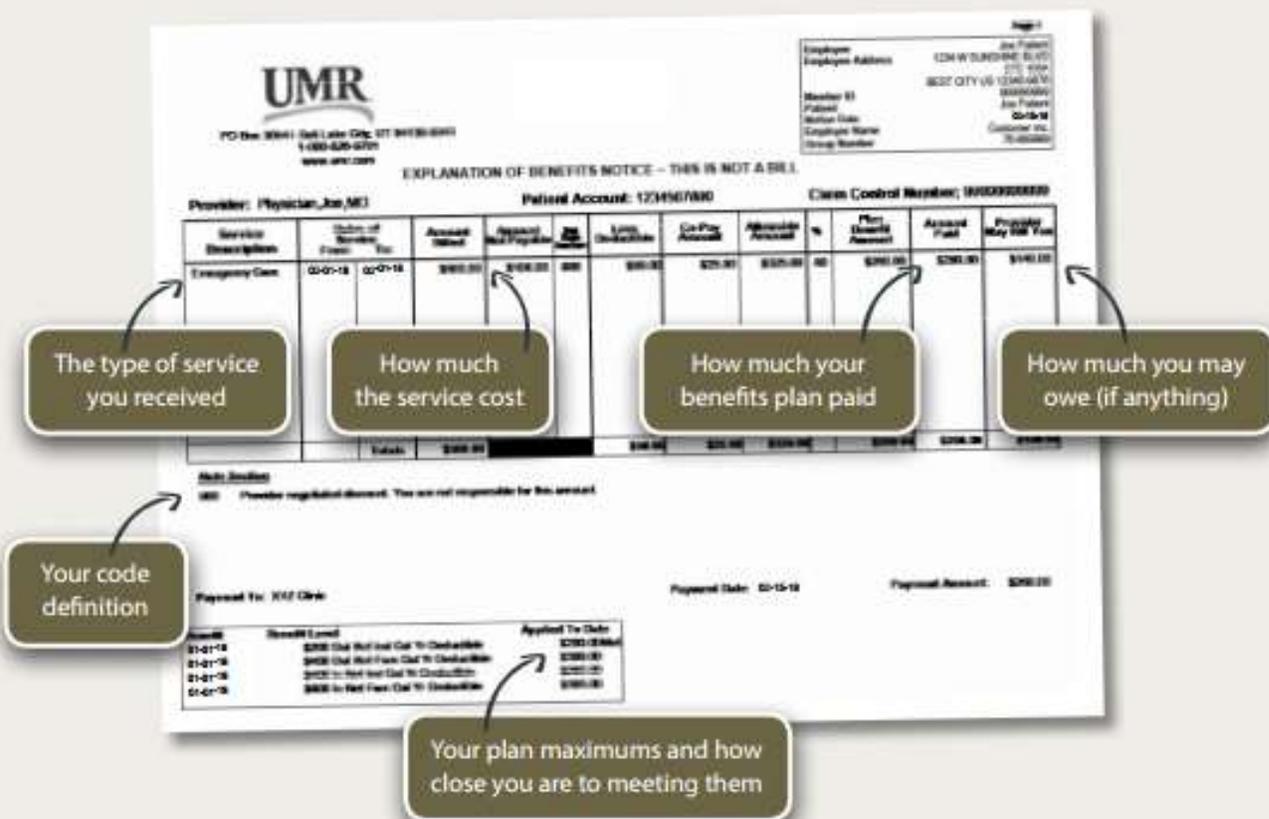
An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about your claims.

Among the more important things included on your EOB are:

- The service you received
- How much the service cost
- How much you may owe, if anything
- A notes section that explains the meaning of any special codes

- A section that shows how close you are to meeting any plan maximums

There is a second page that includes contact numbers if you have questions. It also tells you how to file an appeal if you want a claim decision reviewed.



**UMR**  
 PO Box 30001 Salt Lake City, UT 84130-0001  
 1-800-828-0770  
 www.umar.com

Page 1  
 Employee: Joe Polansky  
 Employee Address: 1234 WASHINGTON BLVD  
 CITY: SALT LAKE CITY  
 STATE: UT 84101  
 Member ID: 0000000000  
 Patient: Joe Polansky  
 Member Date: 01-01-18  
 Company Name: ABC COMPANY  
 Group Number: 123456789

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: Physician, Joe, MD      Patient Account: 1234567890      Claim Control Number: W000000000

Service Description	Start of Service From	End of Service To	Amount Billed	Allowed Net Payment	Net Payment	Limit Checkable	Co-Plan Amount	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Payment May Be For
Emergency Care	01-01-18	02-01-18	\$100.00	\$100.00	\$0.00	\$100.00	\$25.00	\$75.00	100	\$250.00	\$250.00	\$140.00
<b>Total:</b>			\$100.00	\$100.00	\$0.00	\$100.00	\$25.00	\$75.00		\$250.00	\$250.00	\$140.00

**Plan Details**  
 MD - Provider regulated discount. This amount is not responsible for this amount.

Payment To: XYZ Clinic      Payment Date: 01-15-18      Payment Amount: \$250.00

Code	Service Code	Description	Applied To Code
01-01-18	9920	Initial Visit - Office	9920 (Office)
01-01-18	9921	Office Visit - Office	9921 (Office)
01-01-18	9922	Office Visit - Office	9922 (Office)
01-01-18	9923	Office Visit - Office	9923 (Office)

Callout boxes on the form:

- The type of service you received (points to Service Description)
- How much the service cost (points to Amount Billed)
- How much your benefits plan paid (points to Allowed Net Payment)
- How much you may owe (if anything) (points to Payment May Be For)
- Your code definition (points to Plan Details)
- Your plan maximums and how close you are to meeting them (points to Limit Checkable)

# 10 ways to control health care costs

Everybody can play a role in controlling the rising cost of health care. In fact, there are many things you can do to reduce how much you spend on health care now and in the future.

## 1 See preferred doctors

Most health plans let you see any doctor you want. But you can save a bundle by seeing doctors that are part of your plan's preferred network of health care providers. Going to a preferred, in-network doctor usually saves you 20 percent to 30 percent or even more off your bill.

## 2 Go generic

Generic drugs are the same as other medications, just without the brand name. The biggest difference is the price. Generics usually cost you 30 percent to 70 percent less than brand names.

## 3 Practice prevention

Preventive care includes things like physical exams, vaccines, blood tests and cancer screenings. These services can prevent you from getting sick or detect a health issue before it gets serious. Check your health plan to see if preventive care is covered in full or at discounted rates.

## 4 Get online

It makes sense to find out everything you can to make informed, cost-saving health care choices. That's why we offer a number of web tools to help you review your health care options, pharmacy benefits and health coverage estimates using the Internet. Visit our website at [umr.com](http://umr.com).

## 5 Choose the right care

There is a time and place for everything. A trip to the emergency room may be needed if you are seriously injured or ill. Consider a cheaper option, like a walk-in clinic or urgent care, if you have a minor illness or issue, such as an ear infection. It may save you time as well as money.

– more –



### Fast fact...

Generic drugs usually cost you 30 percent to 70 percent less than brand names.

## 6 Think long-term

Some people go to the doctor for minor reasons once they meet their yearly deductible. While that may not have an instant impact on health care costs, it is a major factor in driving up everyone's overall costs of care.

## 7 Eat right

A balanced diet can save you money. It keeps you healthier in the short-term and lessens the chances of developing more serious and costly medical conditions in the future.

## 8 Exercise

Just 30 minutes of walking or other regular exercise each day helps manage weight, stress and possibly your pocketbook. Exercise helps control and prevent high blood pressure and cholesterol, two of the major risk factors for heart disease.

## 9 Take care of yourself

The harmful effects of unhealthy habits, such as tobacco use and alcohol abuse, are well known in regard to health issues like cancer and heart disease. If you use tobacco products, seek help to try quitting. Practice moderation if you drink alcohol. Get help if stress or depression are an issue. You will feel better and also save a few dollars.

## 10 Review your EOB

Billing mistakes sometimes happen. Review your explanation of benefits (EOB) statement to make sure you are properly billed. Contact your doctor or other care provider if you suspect an incorrect charge.



### Remember...

Review your explanation of benefits (EOB) statement to make sure you are properly billed.



# A launch pad for all your health benefit needs

From your personalized home page, you can see a summary of your benefits, link to key areas of the site using myMenu, find out what tasks you need to complete to keep your benefits up to date, and chat with a UMR customer service team member.

**myMenu**  
One-click access to claims, coverage and other resources.

**My taskbar**  
Your personalized taskbar will prompt you to take action in three main areas:

- Managing your account
- Reviewing claims and benefits
- Completing health and wellness activities

**Benefits snapshot**  
A short summary of your benefits.

**Get your questions answered, anytime**  
Use Live Chat to get answers to your claims and benefits questions 24 hours a day, Monday through Friday.

The laptop screen shows a navigation bar with Home, Live Chat, Messages, Contact us, and Account settings. The main content area includes a myMenu sidebar with links for Claims, Benefits & Coverage, Account balances, ID card, Find a provider, Pharmacy, and Health center. The My taskbar section contains five icons with red notification dots: Verify your email address, Update address, Renew your ID card, Review your benefits, and Review your wellness information. Below this is a My plan details section for Cade Blank, showing group number 76353555, member ID 99036217, and current plan choices including United.

# On-the-go with umr.com

Just use the same username and password that you use on our full site.  
What's even better — there's no app to download, nothing to install, no waiting.

## What's new

Find out about new tools and information to help you live a healthier life.

## Log in

Log in here to get instant access to all our mobile inquiry tools.

## Find a provider

Find an in-network provider while you are "on the go".

## View, scan or fax your ID card

View your ID card, allow your provider to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider.

## Estimate health care costs

See what you can expect to pay before receiving care.

## Simplified navigation

- Home - Return to the main menu.
- Menu - Display the menu.
- Gear - Log out or learn more about UMR and our mobile site.

## Look up claims

Look up a claim for yourself or an authorized dependent.

## Check your benefits

View medical and/or dental benefits, as well as persons covered.

## Access account balances

Look up balances for your special accounts.



# Know what you'll pay before getting care

The health cost estimator allows you to research treatment options and learn about the recommended care and estimated costs associated with your selected treatment option. You can even access quality and efficiency measurements for participating providers.



## Refine results

Narrow or expand your search area or refine your search for only preferred providers or by star reviews from actual patients.

## View services & costs

You can get an estimate based on your location, provider and remaining out-of-pocket cost. You can also see if a provider is above, below or in line with the local average cost.

Health cost estimator



It's easy to get started. Just look for the **Health cost estimator** tile on your personal home page.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

Following this page are several notices that the federal government requires us to give individuals who are covered under our group health plan(s). The purpose of these notices is to inform you of certain rights you and your family may have under federal law. In addition to rights under federal law, you may have rights under state law.

You may find it helpful to review this information as you make your benefit enrollment decisions. Please keep this information with your other written plan materials.

1. Notice regarding Wellness Program
2. HIPAA Portability Notice
3. Initial COBRA Notice
4. Notice of Exchange
5. Medicare Part D Coverage Notice
6. HIPAA Notice of Privacy Practices
7. Children's Health Insurance Program (CHIP)
8. Women's Health and Cancer Rights Act (WHCRA)
9. Michelle's Law
10. Newborns & Mothers Health Protection Act (NMHPA)

# FOCUS ON BENEFITS 2021

Elmbrook School District

## NOTICE REGARDING WELLNESS PROGRAM



The School District of Elmbrook offers a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for triglycerides and cholesterol levels. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of monthly premium co-pay savings (Monthly \$60-Single, \$60-Spouse, \$120-Family) for completion of both the HRA questionnaire and biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive premium co-pay savings.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the School District of Elmbrook may use aggregate information collected to design a wellness program based on identified health risks in the workplace, the School District of Elmbrook will never receive and its partner, Healthstat, will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is Healthstat staff in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact a member of the "Total Employee Rewards" Team.

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## HIPAA PORTABILITY NOTICE

Our records show that you are eligible to participate in the company's Group Health Plan (to actually participate, you must complete an enrollment form and pay your share of the premium). A federal law called HIPAA requires that we notify you about some important provisions in the plan.

### Special enrollment rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

If you are declining enrollment because you and/or your dependents are covered under a Medicaid plan or state Child Health Plan (CHIP) and that coverage is terminated due to a loss of eligibility, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within **60 days** after the date that termination of such coverage occurred and meet certain other important conditions described in the Summary Plan Description.

If you and/or your dependents are determined to be eligible under a state's Medicaid plan or state Child Health Plan (CHIP) for premium subsidy assistance, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days of the determination of eligibility for premium subsidy assistance for you or your dependents and meet certain other important conditions as described in the respective Summary Plan Description.

To request special enrollment or obtain more information, contact a member of the "Total Employee Rewards" Team.

## CONTINUATION COVERAGE RIGHTS UNDER COBRA

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. COBRA (and the description of COBRA coverage contained in this notice) applies only to group health plan benefits and not to any other benefits offered by your employer.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you, your spouse, and dependent children when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan, join a spouse's group health plan, or to obtain coverage through a public health program (e.g., Medicare or Medicaid). From time to time, governmental programs may be available to you to help you pay monthly premiums or save on out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage unless the Plan sponsor has chosen to subsidize the cost of COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

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If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse. Also, if your spouse (the employee) reduces or eliminates your group health coverage in anticipation of a divorce or legal separation, then the divorce or legal separation may be considered a qualifying event for you even if your coverage was reduced or eliminated before the divorce or separation.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the employer sponsoring the Plan and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When the qualifying event is the end of employment, a reduction in hours of employment, or the death of the employee, the Plan will offer COBRA continuation coverage to qualified beneficiaries. You do not need to notify your employer of any of the events listed in the last sentence.

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the later of (1) the date of the qualifying event; and (2) the date on which the qualified beneficiary loses (or would lose) coverage under the Plan as a result of the qualifying event. You must provide this notice to a member of the "Total Employee Rewards" Team.**

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## How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees and spouses (if the spouse is a qualified beneficiary) may elect COBRA continuation coverage on behalf of all of the qualified beneficiaries, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. If the employer offers a health Flexible Spending Account, COBRA coverage under a health Flexible Spending Account can last only until the end of the year in which the qualifying event occurred.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability extension of 18-month period of COBRA continuation coverage

If a qualified beneficiary is determined by Social Security to be disabled and notifies the employer in a timely fashion, all of the qualified beneficiaries in your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. This extension is available only for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction of hours. The disability would have to have started at some time before the 61st day after the covered employee's termination of employment or reduction in hours and must last at least until the end of the period of COBRA coverage that would be available without the disability extension (generally 18 months, as described above).

The disability extension is available only if you notify the employer in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination of employment or reduction of hours.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension. In providing this notice, you must use the Plan's designated form (you may obtain a copy of this form from the employer at no charge). **If these procedures are not followed or if the notice is not provided to the employer during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, THEN THERE WILL BE NO DISABILITY EXTENSION OF COBRA COVERAGE.**

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## **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event while receiving COBRA continuation coverage because of the covered employee's termination of employment or reduction of hours (including COBRA coverage during a disability extension period as described above), the spouse and dependent children receiving COBRA continuation coverage can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. This extension is not available under the Plan when a covered employee becomes entitled to Medicare after his or her termination of employment or reduction of hours.

## **Are there other coverage options besides COBRA continuation coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the individual health insurance carriers, Medicaid, Medicare, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

## **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa) (addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website).

## **Keep your plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

If you need more information please contact a member of the "Total Employee Rewards" Team.

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## NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

### Part A: General information

When key parts of the health care law took effect in 2014, there began a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

#### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

#### **Can I save money on my health insurance premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### **Does employer health coverage affect eligibility for premium savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit<sup>1</sup>.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### **How can I get more information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact a member of the "Total Employee Rewards" Team.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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## Part B: Information about health coverage offered by your employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer name: Elmbrook School District
2. Employer Identification Number (EIN): 39-1028780
3. Employer address: 13780 Hope Street  
Brookfield, WI 53005
4. Employer phone number: 262-781-3030
5. Who can we contact about employee health coverage at this job? Contact a member of the "Total Employee Rewards" Team.
6. Here is some basic information about health coverage offered by this employer

As your employer, we offer a health plan to:

All employees. An **eligible Employee** is a person who is classified by the employer on both payroll and personnel records as an Employee who regularly works full-time 30 or more hours per week or part-time 30-39 hours for non-teachers per week, but for purposes of this Plan, it does not include the following classifications of workers as determined by the employer in its sole discretion:

- Leased Employees.
- Independent Contractors as defined in this Plan.
- Consultants who are paid on other than a regular wage or salary basis by the employer.
- Members of the employer's Board of Directors, owners, partners, or officers, unless engaged in the conduct of the business on a full-time, regular basis.

With respect to dependents:

We do offer coverage. An eligible Employee who is covered under this Plan and who retires under the employer's formal retirement plan may be eligible to continue participating in the Plan upon retirement, provided the individual continues to make the required contribution. Reference the Employee Handbook retirement addendums for retirement benefits and eligibility.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## MEDICARE PART D CREDITABLE COVERAGE NOTICE

### Important notice from Elmbrook School District about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Elmbrook School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Elmbrook School District has determined that the prescription drug coverage offered by the Elmbrook Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### **When can you join a Medicare drug plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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## **What happens to your current coverage if you decide to join a Medicare drug plan?**

If you decide to join a Medicare drug plan, your current Elmbrook School District coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Elmbrook School District coverage, be aware that you and your dependents may not be able to get this coverage back right away or at all. Please review the Elmbrook School District health plan documents for details regarding eligibility and enrollment rights.

## **When will you pay a higher premium (Penalty) to join a Medicare drug plan?**

You should also know that if you drop or lose your current coverage with Elmbrook School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For more information about this notice or your current prescription drug coverage...**

Contact the person listed below for further information **Lori Golomski - Open Enrollment, HRA & Plan Coordination at (262) 781-3030 x1129** or [golomski@elmbrookschoools.org](mailto:golomski@elmbrookschoools.org)

**NOTE:** You'll get this notice each year. You will also get it if this coverage through Elmbrook School District changes. You also may request a copy of this notice at any time.

## **For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: September 1, 2018

Name of Entity/Sender: Elmbrook School District

Contact--Position/Office: Lori Golomski- Sr. HR Specialist

Address: 13780 Hope Street Brookfield, WI 53005

Phone Number: 262.781.3030

# FOCUS ON BENEFITS 2021

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## HIPAA NOTICE OF PRIVACY PRACTICES

### NOTICE OF PRIVACY PRACTICE

#### **Your information. Your rights. Our responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

#### **Your rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

#### **Our uses and disclosures**

We may use and share information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

# FOCUS ON BENEFITS 2021

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## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **877-696-6775** or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## OUR USES AND DISCLOSURES

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: a doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: we use health information about you to develop better services for you.*

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: we share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

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## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the department of health and human services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **866-444-EBSA(3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility.**

<b>ALABAMA – Medicaid</b>	<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>ALASKA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp">http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp</a>	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 961-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>X</b>	

# FOCUS ON BENEFITS 2021

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<p><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p>	<p><b>IOWA – Medicaid – Medicaid and CHIP (Hawki)</b></p>
<p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>          Health First Colorado Member Contact Center:          1-800-221-3943/ State Relay 711          CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a>          CHP+ Customer Service: 1-800-359-1991/ State Relay 711          Health Insurance Buy-In Program (HIBI):  <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a>          HIBI Customer Service: 1-855-692-6442</p>	<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>          Medicaid Phone: 1-800-338-8366          Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>          Hawki Phone: 1-800-257-8563          HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>          HIPP Phone: 1-888-346-9562</p>
<p><b>FLORIDA – Medicaid</b></p>	<p><b>KANSAS – Medicaid</b></p>
<p>Website:  <a href="https://flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>          Phone: 1-877-357-3268</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>          Phone: 1-800-792-4884</p>
<p><b>GEORGIA – Medicaid</b></p>	<p><b>KENTUCKY – Medicaid</b></p>
<p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>          Phone: 678-564-1162 ext 2131</p>	<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>          Phone: 1-855-459-6328          Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>          KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>          Phone: 1-877-524-4718          Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>
<p><b>INDIANA – Medicaid</b></p>	<p><b>LOUISIANA – Medicaid</b></p>
<p>Healthy Indiana Plan for low-income adults 19-64          Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>          Phone: 1-877-438-4479          All other Medicaid          Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>          Phone 1-800-457-4584</p>	<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or  <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>          Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>

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<p><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>          Phone: 1-800-442-6003 TTY: Maine relay 711          Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>          Phone: 800-977-6740          TTY: Main relay 711</p>	<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcftp.nv.gov/">http://dhcftp.nv.gov/</a>          Medicaid Phone: 1-800-992-0900</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a>          Phone: 1-800-862-4840</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>          Phone: 603-271-5218          Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>          Phone: 1-800-657-3739</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>          Medicaid Phone: 609-631-2392          CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>          CHIP Phone: 1-800-701-0710</p>
<p><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>          Phone: 573-751-2005</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>          Phone: 1-800-541-2831</p>
<p><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>          Phone: 1-800-694-3084</p>	<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>          Phone: 919-855-4100</p>
<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>          Phone: 1-855 632-7633          Lincoln: 402 473-7000          Omaha: 402 595-1178</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>          Phone: 1-844-854-4825</p>

# FOCUS ON BENEFITS 2021

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<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://greenmountaincare.org/">http://greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="http://www.coverva.org/hipp/">http://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since **January 31, 2021**, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
**866-444-EBSA (3272)**

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**877-267-2323, Menu Option 4, Ext. 61565**

## **NOTICE OF RIGHTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

On October 21, 1998, the federal government enacted the Women's Health and Cancer Rights Act. This law requires that all group health plans that provide coverage for mastectomies must also provide coverage for breast reconstruction surgery in connection with that mastectomy. This memo is intended to provide participants and beneficiaries with notice of their rights under the Women's Health and Cancer Rights Act.

Participants and beneficiaries who receive benefits under the group health plan in connection with a mastectomy and elect breast reconstruction surgery in connection with that mastectomy are entitled to coverage for that reconstruction in a manner determined in consultation with the attending physician and the patient. Such coverage includes:

1. Reconstruction of the breast on which the mastectomy was performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance
3. Prosthesis and physical complications at all stages of the mastectomy, including lymphedemas.

These benefits may be subject to deductibles and coinsurance limitations consistent with those established for similar benefits under the group health plan.

The School District of Elmbrook's Medical plans comply with these requirements. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your elected Medical plan.

If you would like more information on the WHCRA benefit, contact a member of the "Total Employee Rewards" Team or your UMR Customer Service Representative at 1-800-236-8672.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## SCHOOL DISTRICT OF ELMBROOK MICHELLE'S LAW NOTICE

### NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The School District of Elmbrook's Medical plans (the "Plan") currently permits an employee to continue a child's coverage to age 26. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status, if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

*Dependent child* means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.

*Medically necessary leave of absence* means a leave of absence or any other change in enrollment:

- of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
- which is medically necessary
- and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

One year after the first day of the leave of absence

The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

# FOCUS ON BENEFITS 2021

Elmbrook School District

## NEWBORNS & MOTHERS HEALTH PROTECTION ACT (NMHPA) DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance carrier for prescribing a length of stay not in excess of 48 hours (or 96 hours).

- However, the attending provider may decide, after consulting with the mother, to discharge the mother or newborn child earlier.
- The attending provider is any individual licensed under state law to provide maternity or pediatric care and is providing such care to a mother or newborn child. This may include a physician, physician assistance or nurse midwife; however, this may NOT include a health plan, insurer or hospital.
- The NMHPA prohibits incentives (either positive or negative) that encourages less than the minimum protection under this Act.

\* Source: US Department of Labor, Employee Benefits Security Administration. *Compliance Assistance Guide: Health Benefits Coverage Under Federal Law*, Washington, DC: October 2010, p. 108, available at <http://www.dol.gov/ebsa/pdf7CAG.pdf>. Language used in the model appears in the final HIPAA portability regulations at 29 CFR § 2520.102-3(t)(2).

# FOCUS ON BENEFITS 2021

Elmbrook School District

## Elmbrook Health Plan Partners



800-835-2362

teladoc.com

- Virtual Medical Provider
- 24/7/365 Physician Care
- Urgent & After Clinic Hours
- \$45/Virtual Visit-Anywhere
- Rx prescribed, if needed
- Behavioral Health Providers Available



ELMBROOK SCHOOLS  
Family Wellness Center  
Powered by **healthstat**

Direct Line: 262-214-1101

elmbrookschoools.org/wellnesscenter

Scheduling Line: 866-959-9355

- In-Person & Virtual Visits
- Quality, Convenient, Cost Savings
- Enhanced Pediatric Services
- Understands Your Health Plan
- Coordinates Care w/ Partners
  - Meds Available Onsite & Prescribed



Orthopaedic Hospital  
of Wisconsin (OHOW)

- In-Network
- State-of-Art GE Technology
- Board Certified Radiologists
- Quality Services
- OHOW Providers
- Incentives



800-634-6433

mylifematters.com

- Employee Assistance Program
- 24/7 Counseling & Support
- No Cost, Confidential
- Life, Work, Family, Well-being
- ALL Staff Availability



855-843-8783

Monday-Friday 8AM-5PM CST

- One Call Health Plan Navigator
- Understands Plan & Network
- Connects high value providers
- Helps use benefits wisely
  - Ensures plan incentives
  - Explains EOBs & bills
  - Saves time & money



Wellness Champions

elmbrookschoools.org/wellness

- Wellness Program Advocates
- "Total Rewards" Communications
- Help with Access to Resources
- Support For ALL Staff
  - Champs at each District location



877-470-1771

mycdh.optum.com

- Health Savings Account
- District Contributions
- Limited Purpose & Dependent Care Flex Spending Accounts
- Savings & Tax Incentives
- Investment Options
- Debit Card



800-826-9781

umr.com

NurseLine: 877-950-5083

Phone or Online Chat with a Nurse 24/7

- Benefit Accums & EOB Statements
- Find Network Providers
- Health Care Cost Estimator
- Customer Service



866-818-6911

caremark.com

- Discounted Rx Manager
- Mail Order Savings
- Specialty Pharmacy
- No Cost Meds Endorsed
- 90-Day Supply-CVS Retail (Includes Target Stores) & Mail Order

# FOCUS ON BENEFITS 2021

Elmbrook School District

School District of Elmbrook



**Human Resources, Benefits & Payroll Team**

**Kristin Sobocinski**  
**Asst Superintendent for Business Services**

<b>HUMAN RESOURCES</b>			262-781-3030
Pamela Casey Director of Human Resources	Retirement Requests, Employee Handbook, Support Staff Round Tables, Compensation Plans, Employee Evaluations, Employee Engagement/Retention	<a href="mailto:caseyp@elmbrookschoools.org">caseyp@elmbrookschoools.org</a>	1178
Lori Golomski Sr. HR Specialist-Total Employee Rewards	Benefit Plans, Open Enrollment Fair, Wellness Center, Health Risk Assessments, "TER" Communications, "TER" Website, Wellness Champions Program, Retirement, Financial Wellness, Affordable Care Act, Benefits Advisory Team, Employee Assistance Program	<a href="mailto:golomskL@elmbrookschoools.org">golomskL@elmbrookschoools.org</a>	1129
Lisa Jennaro Sr. HR Specialist-Leaves	Absences, Leaves, FMLA, Disability Claims-Short- and Long-Term, Substitutes-"Teachers On Call," Workers Compensation, Employee Recognition, COVID-19 Support	<a href="mailto:jennaroL@elmbrookschoools.org">jennaroL@elmbrookschoools.org</a>	1121
Chelsey Varga HR Specialist-Professional Staff	Compensation Analysis, Professional Development, Job Descriptions, Employment Application, New Hire Orientation, State Reporting	<a href="mailto:vargac@elmbrookschool.org">vargac@elmbrookschool.org</a>	1133
Lisa Robinson HR Specialist-Support Staff	Support Staff-On- & Off-Boarding, Benefit Orientation, Benefit Enrollment, State Reporting, Extra Pay Letters	<a href="mailto:robinsonL@elmbrookschoools.org">robinsonL@elmbrookschoools.org</a>	1186
Marlee Johnson HR Executive Assistant	Personnel Board Committee Support, COBRA Notices, Life Insurance Claims, Recruitment, Monitors HR Inbox	<a href="mailto:johnsonm@elmbrookschoools.org">johnsonm@elmbrookschoools.org</a>	1125
Mary Kaminski Payroll Coordinator	Savings Account Deductions, Flexible Spending Accounts	<a href="mailto:kaminsma@elmbrookschoools.org">kaminsma@elmbrookschoools.org</a>	1185
Linda Hordyk Payroll Specialist	Payroll Reports, True Time, Time Sheets, Benefit Plan Enrollment/Terminations, Pay Codes, Direct Deposits, Extra Pay, Unemployment, Address Changes	<a href="mailto:hordykL@elmbrookschoools.org">hordykL@elmbrookschoools.org</a>	1136

# FOCUS ON BENEFITS 2021

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## RESOURCE PAGE:

Health Summary Plan Description 2020: <https://www.elmbrookschoools.org/fs/resource-manager/view/fc712f78-523a-4327-8a76-41569352c72d>

## Delta Summary Plan Description:

[https://www.elmbrookschoools.org/uploaded/Documents/District\\_Documents/Benefits/Required\\_Notices/delta\\_summary\\_plan\\_description.4-2006.pdf.pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/delta_summary_plan_description.4-2006.pdf.pdf)

## EyeMed Summary Plan Description:

[https://www.elmbrookschoools.org/uploaded/Documents/District\\_Documents/Total\\_Employee\\_Rewards/Eye\\_Med\\_Final\\_Benefit\\_Summary\\_School\\_District\\_of\\_Elmbrook\\_2020-01-01.pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Total_Employee_Rewards/Eye_Med_Final_Benefit_Summary_School_District_of_Elmbrook_2020-01-01.pdf)

HSA Summary of Benefits and Coverage: <https://www.elmbrookschoools.org/fs/resource-manager/view/65813b0f-3dab-4f33-b48a-b339aa08481e>

COBRA Notice: <https://www.elmbrookschoools.org/fs/resource-manager/view/48e7f855-858c-47d8-a3c6-11c5662379fa>

Creditable Coverage Notice: <https://www.elmbrookschoools.org/fs/resource-manager/view/0fcd3a57-00ed-4bdb-9def-4133bd2c013e>

## HIPAA Notice of Privacy Practices:

[https://www.elmbrookschoools.org/uploaded/Documents/District\\_Documents/Total\\_Employee\\_Rewards/HIPAA\\_Notice.pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Total_Employee_Rewards/HIPAA_Notice.pdf)

## Women's Health and Cancer Rights Act (WHCRA) Notice:

[https://www.elmbrookschoools.org/uploaded/Documents/District\\_Documents/Benefits/Required\\_Notices/Womens\\_Health\\_and\\_Cancer\\_Rights\\_Act\\_\(WHCRA\)\\_Notice.pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/Womens_Health_and_Cancer_Rights_Act_(WHCRA)_Notice.pdf)

## Newborns Act Disclosure:

[https://www.elmbrookschoools.org/uploaded/Documents/District\\_Documents/Benefits/Required\\_Notices/Newborns\\_Act\\_Disclosure-11.12.2016.pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/Newborns_Act_Disclosure-11.12.2016.pdf)

## Michelle's Law Notice:

[https://www.elmbrookschoools.org/uploaded/Documents/District\\_Documents/Benefits/Required\\_Notices/michelle's\\_law.pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/michelle's_law.pdf)

CHIPRA Wisconsin Badger Care CHIP Notice: <https://www.elmbrookschoools.org/fs/resource-manager/view/38083978-0e4a-4ae3-845a-bf938e74b119>

# FOCUS ON BENEFITS 2021

Elmbrook School District

## RESOURCE PAGE (Continued):

- **Notice Regarding Wellness Program:**  
[https://www.elmbrookschoools.org/uploaded/Documents/District\\_Documents/Benefits/Required\\_Notices/NOTICE REGARDING WELLNESS PROGRAM.pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/NOTICE REGARDING WELLNESS PROGRAM.pdf)
- **New Health Insurance Marketplace Coverage Options Notice:**  
[https://www.elmbrookschoools.org/uploaded/Documents/District\\_Documents/Benefits/Required\\_Notices/New\\_Health\\_Insurance\\_Marketplace\\_Coverage\\_Options\\_Notice\\_\(Expires\\_05\\_31\\_2020\).pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/New_Health_Insurance_Marketplace_Coverage_Options_Notice_(Expires_05_31_2020).pdf)
- **Employee Handbook:** <https://www.elmbrookschoools.org/fs/resource-manager/view/34b31f68-dfdb-43f6-8b61-43a26a3caeda>
- **OPEB Document:**  
[https://www.elmbrookschoools.org/uploaded/SSMigration/data/files/gallery/ContentGallery/OPEB\\_22415.pdf](https://www.elmbrookschoools.org/uploaded/SSMigration/data/files/gallery/ContentGallery/OPEB_22415.pdf)
- **District Retirement Benefit Summary:** <https://www.elmbrookschoools.org/fs/resource-manager/view/898c8d45-9fbe-4fb6-af6c-47c553b47c1a>
- **Voluntary Life Rate Table:**  
[https://www.elmbrookschoools.org/uploaded/Documents/District\\_Documents/Benefits/life\\_insurance/SUPP\\_LIFE-AD\\_D\\_AND\\_DEP\\_LIFE\\_RATE\\_TABLE\\_\(1\).pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/life_insurance/SUPP_LIFE-AD_D_AND_DEP_LIFE_RATE_TABLE_(1).pdf)
- **Payroll Premium Co-Pay Deduction Schedule:**  
[https://docs.google.com/spreadsheets/d/1VksM2hJXCmfONZ6EWTBTjhfXoUh9KTUH\\_KMAWV7Dm1M/edit?usp=sharing](https://docs.google.com/spreadsheets/d/1VksM2hJXCmfONZ6EWTBTjhfXoUh9KTUH_KMAWV7Dm1M/edit?usp=sharing)

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This Focus on Benefits provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.

Your employer reserves the right to change, amend, suspend, or terminate any or all of the plans described in the guide at any time and for any reason. This Focus on Benefits is not a contract, and participation in any of the plans does not guarantee employment.

Information provided by USI Insurance Services.